

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Kasich for America, Inc.**

**A. Full Name (Last, First, Middle Initial)**

**Mr. John Neal**

Mailing Address 6657 Ridgerock Ln

City	State	Zip Code
Knoxville	TN	37909-2769

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self Employed Attorney

Occupation  
Attorney

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : A2D7B6922BE2C4F0BBC5**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		12		2016

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**Mr. Fred Khosravi**

Mailing Address 25698 Elena Rd

City	State	Zip Code
Los Altos Hills	CA	94022-4596

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Incept LLC

Occupation  
Managing Member

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : A154DA82776604BB7913**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		12		2016

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**Mr. William S. Melvin**

Mailing Address 161 W 61st St  
Apt 23G

City	State	Zip Code
New York	NY	10023-7461

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Montefiore Medical System

Occupation  
Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : AA886ADDD206D4EFE94E**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		12		2016

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1350.00

**Total This Period (last page this line number only)**.....